Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

HEALTHTRUST, LLC
PO BOX 890008
HOUSTON TX 77289

Respondent Name
ZURICH AMERICAN INSURANCE CO

Carrier's Austin Representative Box
Box Number 19

MFDR Tracking Number
M4-13-0523-01

MFDR Date Received
OCTOBER 22, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "…AS you know, the initial [psychological evaluation does not require preauthorization. That service was billed accordingly and then denied by the carrier based upon the lack of preauthorization. HealthTrust called and submitted written request for reconsideration of said denial or provide information indicating that a prior evaluation had been provided and indicate the date performed… The [sic] upon submitting a request to the carrier's URA, preauthorization was granted for 6 sessions of individual psychotherapy… Then HealthTrust performed said individual sessions and billed accordingly. The first 3 dates of service were denied based upon the lack of preauthorization. The last two dates were denied also with the lack of preauthorization, but also including the lack of medical necessity based upon a review, and in addition the lack of entitlement benefits due. With the extent issue being raised in the last two denials, HealthTrust pursued a Benefit Review Conference in August 2012. The response was a written copy of a TWCC24 wherein a BRC was held in November 2011 where in the compensable injured is noted and accepted as a right shoulder sprain/sprain. HealthTrust originally billed the carrier with that diagnosis code on the HCFA, and had two additional diagnosis listed as well. Those two additional diagnosis were ruled non-compensable in this BRC of November 2011. Thus a corrected bill excluding these two diagnosis was submitted to the carrier and they still refused the claims. HealthTrust agrees that the two additional codes were not compensable, but that the accepted code was always a part of the claim and billings and the prescribed treatment would not vary in any manner whether one or all codes were utilized. Therefore, the resubmitted billings with the one single accepted compensable code should have been reimbursed to HealthTrust as it was part of the original preauthorization and billing."

Amount in Dispute: $1,479.22

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please see the attached EOBs regarding the carrier's denial of the disputed billings. Further, the carrier challenges whether the charges are consistent with applicable fee guidelines."

Response Submitted by: Flahive, Ogden & Latson, PO Drawer 201329, Austin, TX 78720

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 17, 2012	CPT Code 90801	$741.42	$711.12
February 09 through March 14, 2012	CPT Code 90806 – 5 sessions	$737.80	$678.14

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.600 sets out the procedures for obtaining preauthorization for certain services.
3. 28 Texas Administrative Code §134.203 sets out the guidelines for reimbursement of professional services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - 197 – Percertification [sic]/authorization/notification absent.
   - W1 – Workers' Compensation jurisdictional fee schedule adjustment.
   - No allowance change.
   - 240 – Preauthorization not obtained.

Issues

1. Did the services require preauthorization and was preauthorization obtained?
2. Were any of the dates of services denied as not medically necessary??
3. Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier denied the psychotherapy services using denial code, "197 – Percertification [sic]/authorization/notification absent" and 240 – "Preauthorization not obtained." The requestor obtained preauthorization for the psychotherapy sessions, CPT code 90806, in accordance with 28 Texas Administrative Code 134.600(p), which states in pertinent part, "Non-emergency health care requiring preauthorization includes: (7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program." 28 Texas Administrative Code §134.600(c)(1) which states, "The carrier is liable for all reasonable and necessary medical costs relating to the health care listed in subsection (p) or (q) of this section only when the following situations occur, preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care." Therefore, in accordance with 28 Texas Administrative Code §134.203(b)(1) and (c), the professional fee for CPT Code 90806 is as follows:
   - (54.86 ÷ 34.0376) x $84.15 = $135.23 x 5 units = $678.14
2. The insurance carrier denied CPT code 90801, defined as psychiatric diagnostic interview examination, using denial codes "197 – Percentification [sic]/authorization/notification absent; 240 – Preauthorization not obtained." According to 28 Texas Administrative Code 134.600(p)(7) preauthorization is required if the psychiatric diagnostic interview is a repeat interview. Review of the documentation submitted by the respondent finds no documentation to support the service in dispute was a repeat interview. Therefore, the respondent has not supported the denial, and reimbursement is as follows:
   - (54.86 ÷ 34.0376) x $147.07 x 3 Units = $711.12
3. Documentation supports that the requestor is due reimbursement for 5 units of CPT code 90806 and 3 units of CPT code 90801 in the amount of $1,389.26.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is $1,389.26.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $1,389.26 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		October 3, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.